Regional technical meeting on integrated care delivery

Report: virtual meeting, 8 December 2022
Regional technical meeting on integrated care delivery

Report: virtual meeting, 8 December 2022
Abstract
This report summarizes the discussion that took place during the Regional technical meeting on integrated care delivery. It represents a continuation of the discussion held as part of the Regional technical meeting on strengthening the integrated delivery of long-term care in the European region, in December 2021, bringing an expanded focus on integration as a transversal issue for health and long-term care systems and an important stepping stone for achieving universal health coverage. Participants discussed and shared evidence and lessons learned on the principles, the practice, the enablers and on-going challenges to improving coordination within and across health and long-term care systems, with particular attention to integration of primary care and community-based long-term care services.
Contents

BACKGROUND ........................................................................................................................................... 1
AIM AND OBJECTIVES .......................................................................................................................... 2
OPENING................................................................................................................................................ 3
PRESENTATIONS ...................................................................................................................................... 4
  Why integrated care, and why now? Integration as a linchpin to strengthening health and care systems ................................................................................................................................. 4
  What can we do? A road map to developing integrated care delivery across the European Region .................................................................................................................................................. 5
COUNTRY PERSPECTIVES ....................................................................................................................... 7
  Strengthening integration of care delivery in Sweden ............................................................................. 7
  Integrated Long-Term Care National Network – Portugal .................................................................... 8
  European Union Care Strategy and instruments to support integrated long-term care delivery in the European Union ........................................................................................................................................... 8
  Plenary discussion – identifying priority areas for technical support ................................................. 9
  Conclusions and closing ......................................................................................................................... 10
ANNEX 1. .................................................................................................................................................. 11
ANNEX 2. .................................................................................................................................................. 12
More than 2 years into the coronavirus-19 (COVID-19) pandemic, European countries continue to report significant disruptions to one or more essential health services; primary care, community services, long-term care, and rehabilitation are among the services most likely to be disrupted. Disruptions to the continuity of care, adding to the fragmentation of care delivery that existed before the pandemic, have severely limited access to care, especially for vulnerable groups, people with long-term care needs, long-standing illnesses, and chronic conditions, and older people.

In accordance with the recommendations of the Pan-European Commission on Health and Sustainable Development, the WHO Regional Office for Europe is committed to supporting countries in the Region to improve coordination and collaboration among their health and long-term care systems and accelerate progress in integrated care delivery. Furthermore, the Regional Office has established a strategic partnership with the European Commission through which the two institutions coordinate efforts to provide country-specific support for the design, implementation, and monitoring of policies and interventions on integrated care delivery.

To deliver on these commitments and to ensure that Member States are adequately supported in their efforts to strengthen and develop integrated long-term care provision, the Regional Office convened a technical meeting to present to Member States its vision for accelerating adoption and scale-up of integrated care models and to jointly define priority actions for technical support and collaboration.
Aim and objectives

The aim of the meeting was to support the development of integrated care delivery models and promote knowledge exchange and joint learning on integrated care in the European Region, through three key objectives:

1. Define and describe integrated care and its potential as a care practice, as a service delivery model, and as a design principle for health and long-term care systems.

2. Share information on good practices, successful innovations, and enablers of integrated care delivery.

3. Identify priority areas for technical support for interventions, and establish a cross-national joint learning network on integrated long-term care delivery in the European Region.
The meeting was opened by Satish Mishra, Technical Officer, Disability, Rehabilitation, Palliative, and Long-term Care Services, WHO Regional Office for Europe. He said that the objective of the meeting was to define and describe integrated care and its potential as a service delivery model and to discuss good practices and innovations and also barriers and facilitators. Participants would also discuss their priorities for technical support and establish a cross-national network for those involved in integrated long-term care delivery. Several European countries would present their national systems to ensure integrated care. Participants’ questions and proposals were welcome.

Natasha Azzopardi Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, reminded participants that, 1 year previously, when countries were still recovering from the first waves of COVID-19, the group had met for the first regional meeting on integrated long-term care delivery. The discussion highlighted that, in the face of population ageing across Europe, there is a pressing need to strengthen the resilience of long-term care systems. That could be assured only by promoting better integration between long-term care and health care delivery. Building on those insights, the current meeting focused on strategies required to redesign and reorient care models in order to adapt them to changing morbidity and demographic patterns, including, in some countries, depopulation due to outward migration of the younger working population and, in others, decreasing fertility rates, both of which reduce the availability of the workforce for long-term care. Integration of care is a transversal issue for health and care systems that goes beyond strategies for addressing the challenges associated with population ageing and affects care delivery in a variety of fields and care settings. It is an important stepping stone and a precondition for countries to advance towards universal health coverage. Successful continuity of care is essential for people with complex care needs and is essential in order to ensure no one is left behind, however, it can be achieved only alongside the development of innovative health financing models that can improve access and reduce financial hardships for those in need of care. As a result, strategies to promote integrated care models will probably be an important part of the solution for other key challenges facing health systems across the European Region.

Dr Azzopardi Muscat recalled that, in 2023, several high-level events would take place, including with regard to the health workforce, financing, and primary health care. Integrated care will be a major topic at all those events. She reiterated the commitment of the WHO Regional Office for Europe to provide the necessary tools, guidance, and information on integrated care and to support countries and regions in ensuring that their health system frameworks promote integration of health, social, and primary care. The WHO Regional Office for Europe, in partnership with the European Commission, will advance work on integrated care delivery and will continue to invest in developing further partnerships and encourage exchange of information and broad dialogue with national and local partners, civil society, older people, and their families.
Presentations

Why integrated care, and why now? Integration as a linchpin to strengthening health and care systems

Tomas Zapata, Team lead, Health Workforce and Service Delivery unit, WHO Regional Office for Europe, said that integration is associated with better experiences of care, better continuity, and more trust by care users. It facilitates access to necessary care and can lead to better outcomes for people with complex care needs, which is particularly important in the face of the growing prevalence of functional decline in older age. Integration also improves the experience of health professionals and can contribute to reducing costly duplication of services, avoiding unnecessary use of intensive care and increasing the responsiveness and resilience of care systems.

The COVID-19 pandemic has revealed that lack of coordination among care systems and fragmented delivery of care can result in high system vulnerability in the face of health emergencies. Integration and coordination, both within the health system and across health and social care, have been a key feature of successful COVID-19 responses in the European region and must be part of a transversal strategy for promoting recovery and improvement.

Fragmentation of care delivery remains an important impediment for healthy ageing, which requires timely, seamless access to a continuum of care services, from prevention and health promotion to curative, rehabilitative, assistive, and palliative care. Recent data from WHO Pulse Surveys showed that care services are still affected by the pandemic and that rehabilitation and care for older people are the service categories most affected by continued disruptions.

These significant effects of the COVID-19 pandemic have prompted experimentation and have built up pressure for reform and reorganization of health and long-term care systems. Numerous countries in the European Region are currently implementing or planning ambitious health system reforms and redesigning their long-term care systems with a view to improving the quality of and access to care. This momentum for change presents an opportunity to intensify regional coordination and knowledge exchange to foster innovation in service delivery across the Region.

WHO Pulse Surveys have identified telemedicine, digital solutions, delivery of care at home and in communities, community engagement and communication, and workforce training and support interventions among the most commonly used strategies for COVID-19 mitigation. Learning from these initiatives should be widely shared and used to improve standard care practice and processes.

Dr Zapata concluded by reiterating the commitment of the WHO Regional Office for Europe to support Member States to assess gaps and opportunities for integrated care throughout their health and care systems; maximize use of digital technology; increase investment to expand the capacity and engagement of the health and care workforce; promote knowledge exchange; and summarize regional data.
What can we do? A road map to developing integrated care delivery across the European Region

Stefania Ilinca, Technical Adviser on Long-term Care, WHO Regional Office for Europe, described how countries in the European Region can address the practical challenges of implementing integrated care delivery. She noted that the challenge begins with the correct understanding of the term. With more than 175 definitions of “integrated care” in the scientific literature, she suggested that a continuum of definitions would be more productive, emphasizing different critical aspects of integration depending on the specific perspective and target group. From the point of view of policy-making and service design, it is useful to differentiate between integration as a design principle, i.e. an approach to strengthen care systems through comprehensive, coordinated delivery of services throughout the life course and across settings and levels of care; integration as a service delivery model, i.e. a set of methods designed to encourage alignment and coordination across and within sectors; and integration as a way to practice care, i.e. development of a coherent process within and/or across professions and providers to improve continuity. While integration in each of these forms can be pursued independently, for integrated care models to be truly transformative, they must cover all three dimensions.

A road map to transformative integration should provide a set of appropriate solutions for the specific challenges in any one context. Fragmentation is not one issue but rather a series of misalignments in different processes and structures, which must be unpacked and properly understood. Furthermore, no one standard would be suitable for all local or regional health systems. In each context, the combination of issues to be solved is unique, and the solutions will have to be adaptable. This is exemplified by the Buurtzorg model (Netherlands) and the “reablement” model (Denmark), which have been successfully adopted across Europe, often with changes and adaptations to different contexts.

Although there is no consensus on what constitutes integrated care or a standard solution for implementing it, strong evidence is available on what does and does not work. From this knowledge base can be derived five basic principles that are common to successful integration initiatives: a focus on outcomes; grounding in a strong evidence base; a participatory approach to design and implementation; a commitment to support change processes in the long-run; and considering all relevant dimensions of integration.

Countries should conduct comprehensive baseline assessments and then use a participatory approach, starting with those who are clearly willing to be involved and then broadening inclusion to all stakeholders. Each should commit themselves for the long term and consider all dimensions. The key outcome is trust, which depends on respect for perceptions, values, and outcomes of case management and care coordination, with assured follow-up care after screening.

Dr Ilinca described three key interventions for bridging the boundary between primary care and community based long-term care, highlighting that re-orientation of care models towards community-based care is necessary for system sustainability and for improved health and well-being in the population. The first strategy is development of harmonized standards, procedures, and care pathways. Guidance on this aspect is available as part of the Integrated Care for Older People (ICOPE) approach, published by WHO. The second strategy is use of comprehensive assessments. Data from the UN Decade of Healthy Ageing baseline report show that, while almost every country in the European Region has a national policy on long-term care, care providers use comprehensive assessment tools to identify both the health and the care needs of older people in less than half of those countries. Thirdly, strengthening case management programmes has been shown to improve care outcomes and add significant value to the care process, as reported by both care users and care professionals.
In closing, Dr Ilinca reminded participants that integration is essential for the prevention of functional decline, to minimize care needs, ensure that older people enjoy the highest quality of life, and sustain the system. Prevention requires screening and early intervention, timely identification of functional decline, and better access to low-intensity care to maintain stability, with supportive care systems in communities.

Speaking on behalf of Yuka Sumi, Ageing and Health unit, Department of Maternal, Newborn, Child and Adolescent Health, at WHO headquarters, Dr Ilinca described the WHO ICOPE framework. The aim is a continuum of care to reorient health and social services towards a more person-centred, coordinated model of care that optimizes the intrinsic capacity and functional abilities of older people. The approach involves five steps: screening for loss of intrinsic capacity through a comprehensive, person-centred assessment in primary care; design of a personal care plan; a referral pathway; monitoring of the care plan; and engagement of communities and support services. Evidence-based interventions have been designed to manage decreased intrinsic capacity linked to limited mobility, malnutrition, visual impairment, hearing loss, cognitive decline, and symptoms of depression. The presentation ended with an overview of case studies from Andorra, China, France, and India (available in the report on the ICOPE implementation pilot programme), and a video was shown in which older people who had benefitted from the ICOPE programme shared their experiences.
Country perspectives

Strengthening integration of care delivery in Sweden

Iréne Nilssen Carlsson, Senior Public Health Officer, National Board of Health and Welfare, Sweden, described the complex distribution of responsibilities for health and long-term care delivery in her country to emphasize the need for coordination and collaboration. While national authorities are responsible for developing legislation, disbursing financial grants, and supervising and elaborating guidelines, health care delivery at tertiary, secondary, and primary levels is directly delivered or managed by regional authorities. Home-based health care services are a shared responsibility between local municipal authorities and regions based on dedicated agreements, although all home health care delivered directly by a medical doctor remains the responsibility of the regions. Municipalities are responsible for managing or directly delivering home care for older people and persons with disabilities. Thus, many people with complex care needs require care and support from many different actors. Integration of health and social services is therefore essential, as had also been experienced during the COVID-19 pandemic.

In recent years, Sweden has actively attempted to transition towards a more people-centred health and care system. While it achieves high quality of services and medical outcomes, the Swedish health care system is not faring as well in terms of patient participation, accessibility, and continuity of care. In this context, there is increased recognition of the need to improve collaboration among health-care providers at tertiary, secondary, and primary care level, and also between health and social care providers. Furthermore, health promotion and disease prevention should be strengthened. The COVID-19 pandemic has renewed interest in accelerating the transition of the system and triggered investment in better remote services, digital solutions, and mobile teams. At the time of the presentation, almost all municipalities and regions had agreed on a vision of how to reform health and social service provision in their areas, and virtually all had recognized better integration as a priority.

Dr Nilssen Carlsson concluded with some examples of actions taken in Sweden to improve integration. These included amendments to the Health Care Act that strengthen the coordinating role and also the capacity and skills of primary care providers. The National Board of Health and Welfare supports regions in broadening access to the “steady doctor” programme, which ensures that care users can maintain contact with the same general practitioner in primary care centres to strengthen continuity of care. Multistakeholder initiatives have also been launched to train, recruit, and retain health-care staff and to ensure better access to proximate health care.

Dr Nilssen Carlson concluded by highlighting an important lesson learnt, which is that complex change, which involves many actors, requires time. Nevertheless, sustained commitment from the Swedish Parliament, from regional and local authorities and also from the public and patient representatives continues to support the transition, and there has been a wave of positive change.
Integrated Long-Term Care National Network – Portugal

Cristiana Caetano, Coordinator of the Integrated Long-Term Care National Network Commission (RNCCI), representing the Ministry of Labour, Solidarity and Social Security and Cristina Henriques, Coordinator of the RNCCI, representing the Ministry of Health, described the steadily increasing proportion of older people in Portugal, which would mean that six out of ten older people in 2100 would rely on care and support for help with essential tasks. An ageing population is associated with increased rates of morbidity and disability, therefore significantly increasing the demand for health and long-term care services. Ensuring well-being and health in old age has been recognized as a political priority in Portugal and development of the RNCCI as part of the solution.

The RNCCI was established in 2006 in a partnership between the Ministry of Labour, Solidarity and Social Security and the Ministry of Health and was expanded to include mental health and palliative care provision in 2015. The objective of the network is to provide health care and social support to people of all ages who are in a situation of dependence after an acute illness or to prevent aggravation of a chronic condition. The aim of integrated long-term care is to ensure a person’s overall recovery, promote their autonomy, and improve their functionality to facilitate independent living in their own community. Care is provided by home-care teams, in outpatient units, and in residential units, managed by both private and public entities. The network is coordinated nationally by a commission consisting of representatives of the two ministries, regionally by five multidisciplinary regional teams, and locally by local teams based in primary health care.

A digital platform defines the “access circuit”, whereby a proposal by a reference team at a health centre, hospital, or local mental health service is evaluated by the local coordination team and referred to the regional team to assign a vacancy; proximity to the user’s home and their preference guide their assignment to a service provider, who develops an intervention plan with the care users and their families.

The financing model emphasizes cost sharing. The Ministry of Health covers charges for the provision of health-care services, while social security and means tested user co-payments cover the costs of social support services. A table of prices per day and per user is issued annually for different types of health care, covering all contracted services and additional fees for medications, diagnostic tests, and dressings.

Expanding and strengthening the RNCCI is one of Portugal’s key investments as part of its national recovery and resilience plan, with plans for significant increases in the capacity for residential care, rehabilitation units, mobile teams for home-based care, as well as in-patient and home-based care for people with mental health conditions.

European Union Care Strategy and instruments to support integrated long-term care delivery in the European Union

Flaviana Teodosiu, Policy Officer, European Commission, Directorate for Employment, Social Policy and Inclusion, presented the European Care Strategy. She noted that many unmet needs for care in the European population and equity and quality concerns with respect to long-term care delivery have added to a compelling case for policy intervention and the development of a strategy to promote accessible, equitable, high quality, person-centred long-term care. Furthermore, development of long-term care systems and services has considerable implications for the economy as a whole and for unlocking the labour market potential of people with care-giving responsibilities.
The aims of the European Care Strategy are to improve the situation of both care users and caregivers, to ensure appropriate access to care throughout the life-course, and to create synergies with related policies and initiatives, such as on skills, disability, social dialogue, and gender issues. It sets a European Union vision of the challenges facing Member States and on the policy responses in five action areas: improving care services; improving working conditions in the care sector; promoting a better work–life balance; investing in care; and increasing the evidence base and monitoring progress. Although care policies are primarily within the competence of Member States, the European Care Strategy provides recommendations and directions for actions that can contribute to policy frameworks for reform and investment in care systems. Among the supportive actions included in the European Care Strategy, Mrs Teodosiu highlighted a strategic partnership with the WHO Regional Office for Europe on supporting the assessment and monitoring of long-term care systems and the health and well-being of informal caregivers.

The European Care Strategy clearly positions investment in long-term care as a social investment, which brings added value for individuals, for societies, and for economic growth. A wide range of financing opportunities is and will continue to be available to Member States to increase investment in long-term care services and systems, foster innovation in the field, and promote integrated delivery models. Furthermore, the Commission's work programme will include dedicated action to facilitate knowledge exchange and scale-up of successful models.

The Council recommendation on access to affordable, high-quality long-term care includes its affordability, its availability, and its quality and also the working conditions and skills required of formal and informal carers, including counselling and respite care. It is comprehensive, covering all long-term settings and both formal and informal carers. The main policy strands are timely, comprehensive, adequate social protection, matching of the services offered to the dynamically changing demand, and ensuring quality, regardless of whether a service is private or public. High-quality services should be guaranteed, perhaps through a national quality framework or quality assurance mechanism, to ensure a high quality of life and independence.

She noted that the consultation with Member States has strengthened and improved the Council’s recommendation, signalling a shared interest among countries to promote ambitious reforms in long-term care. Once the recommendations have been adopted and are being implemented by Member States, the Commission will monitor progress.

Plenary discussion – identifying priority areas for technical support

Satish Mishra opened the floor for discussion.

Sinéad Quill, Principal Officer, Primary Care Policy, Department of Health Ireland, described the new approach that has been taken in Ireland since 2021, with the launch of the Enhanced Community Care programme, which ensures that care is provided as close to home as possible for the country’s growing ageing population. The programme integrates general practice, primary health care, and community-based care with hospitals and has already recruited 3500 personnel to care services, established 96 community health care networks, 30 community specialist teams for older people, and 30 community specialist teams for chronic disease. She noted significant momentum and enthusiasm among care professionals to engage with the programme. A clear impact of the investment has been seen on outcomes, services, and users’ experiences, with clinical indicators of progress. She identified a need for technical support to develop a comprehensive monitoring framework and a set of indicators along integrated care pathways and to track progress.
Alexandru Voloc, WHO Country Office, Moldova, reported that the Republic of Moldova was moving towards conformity with the European Union standards, with the support of the WHO Country Office. An assessment has been conducted of existing services for long-term and palliative care, which highlighted a series of pressing issues. Among them is the lack of affordability of care services, to be addressed by continuous funding of integrated care by both health and social insurance funds. Technical support is required for measurement and validation. Limited essential services are available in the long-term care system, and community-based services are developing gradually, although further investment is necessary. Another aspect is integration of people with disabilities. The overarching issue in the health and social sectors is the quality of care, and work is being conducted with the National Social Protection Agency to introduce quality management, with accreditation according to European recommendations and standards. He noted the shortage of carers in social and health services in the country and highlighted a need for retention and motivation in a comprehensive approach to the continuity of services for all at all levels.

Conclusions and closing

Satish Mishra confirmed the commitment of the WHO Regional Office for Europe to continue and strengthen its focus on integrated delivery of health and long-term care. This will include intensifying efforts to produce guidance and practical implementation support tools to facilitate the adoption of integrated care approaches and also promoting informal and formal knowledge exchanges between and within countries, to strengthen partnerships and multi-disciplinarity.
WHO Europe Technical Meeting on Integrated care delivery
Virtual meeting
8th December 2021(10:00–11:30 CET)

Provisional Programme

Thursday 8 December 2022

10:00 – 10:05 Welcome and briefing logistics
Satish Mishra, WHO Regional Office for Europe

10:06 – 10:11 Introduction
Natasha Azzopardi Muscat, Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe

10:12 – 10:20 Why integrated care and why now? Integration as a linchpin to strengthening health and care systems
Tomas Zapata, WHO Regional Office for Europe

10:20 – 10:34 What can we do? A roadmap to developing integrated care delivery across the European region
Stefania Ilinca, WHO Regional Office for Europe
Yuka Sumi, WHO HQ

10:35–11:00 Country Perspectives
Strengthening integration in care delivery in Sweden
Ministry of Health / National Board of Health and Welfare, Sweden
The National Integrated Care Network - Portugal
Ministry of Health & Ministry of Social Affairs, Portugal

11:00 – 11:08 EU Care Strategy & Instruments to support integrated long-term care delivery in the EU
DG EMPL, European Commission

11:10 – 11:25 Plenary discussion – identifying priority areas for technical support
Satish Mishra, WHO Regional Office for Europe

11:25 – 11:30 Conclusions and closing
Satish Mishra, WHO Regional Office for Europe
Annex 2.

WHO Regional Technical meeting on Integrated Care Delivery
Virtual meeting
8 December 2022 (10:00–12:00CET)

List of participants

Andorra
Josep Romagosa
Ministry of Health

Austria
Patrizia Theurer
Federal Ministry of Social Affairs, Health, Care and Consumer Protection

Azerbaijan
Tofig Musayev
Public Health and Reforms Center, Ministry of Health

Belarus
Ludmila Zhilevich
Ministry of Health
Olga Mychko
Ministry of Health
Ludmila Lugovets
38th City Clinical Polyclinic
Ministry of Health

Belgium
Tom Verhaeghe
FPS Health, Food chain safety and Environment

Bosnia and Herzegovina
Vildana Doder
Federal Ministry of Health

Bulgaria
Ognian Droumev
Ministry of Labour and Social Protection
Croatia
Draženka Zadro
Ministry of Health

Ivana Portolan Pajić
Ministry of Health

Anica Jezic
Ministry of Labour, Pension System, Family and Social Policy

Milena Koren
Ministry of Labour, Pension System, Family and Social Policy

Czech Republic
Aneta Hroníková
Ministry of Health

Antonín Hasal
Ministry of Health

Cyprus
Maria Balli
State Mental Health Services

Monica Kyriacou
Health Insurance Organisation

Irene Papatheodoulou
Social Welfare Services

Denmark
Morten Bundgaard
Danish Health Authority

Helle Dalum
Danish Health Authority

Sven Erik Bukholt
Danish Ministry of Social Affairs and Senior Citizens

France
Roxane Berjoaui
Ministry of Health

Georgia
Mzia Jokhidze
The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs

Hungary
Berta Bocskai
Ministry of Human Capacities

Agnes Csicsely-Takács
Ministry of Human Capacities
Ireland
Louise Hendrick
Office of the Chief Medical Officer
Department of Health
Neil Kavanagh
Home Support Reform Unit
Department of Health
Sinéad Quill
Department of Health

Kazakhstan
Tamara Vochshenkova
Hospital of the Medical Center of the Presidential Administration of the Republic of Kazakhstan
Gulnara Kunirova
Kazakhstan Palliative Care Association

Lithuania
Darius Pauliukonis
Ministry of Social Security and Labour
Violeta Toleikienė
Ministry of Social Security and Labour
Aušrinė Garbačiauskiene
Ministry of Social Security and Labour
Solveiga Inokaitytė Šmagarienė
Specialized Health Care Division
Ministry of Health

Montenegro
Sladjana Coric
Ministry of Health

Luxembourg
Engy Ali
Ministry of Health

Latvia
Sigita Rozentāle
Department of the Social services
Ministry of Welfare
Martins Zvackis
Centre for Disease Prevention and Control
Liene Skuja
Ministry of Health

Republic of North Macedonia
Lidija Veterovska Miljkovic
Specialised Hospital for geriatric and palliative medicine “13 November” Skopjée
Portugal
Cristina Caetano
Ministry of Labour, Solidarity and Social Security in the National Network of Long-Term Integrated Care
Cristina Henriques
Ministry of Health in the National Network of Long-Term Integrated Care
Ministry of Health
Bárbara Aguiar
Directorate-General of Health
Ministry of Health

Romania
Mihaela Vizitiu
Ministry of Health
Ralucu Bratianu
National Health Insurance House

Russian Federation
Vadim Samorodov
Project "Older Generation"
Ministry of Health

Republic of Serbia
Sanja Skenderija
Ministry of Health and Social Welfare
Danijela Dukic
Institute of Public Health of Serbia

Slovakia
Andrej Vyskoč
Ministry of Health
Alexandra Bublišová
Ministry of Labour, Social Affairs and Family

Sweden
Iréne Nilsson Carlsson
National Board of Health and Welfare

Switzerland
Nuria del Rey
Development Section
Healthcare Professions Division
Federal Office of Public Health

Republic of Türkiye
Banu Ekinci
Department of Noncommunicable Diseases and Elderly Health
General Directorate of Public Health
Murat Konca  
Ministry of Health

Nurgül Balci  
Ministry of Health

Zuhal Çayirtepe  
Health Institutes of Turkey

Observers
Alexia Lescart  
Health and Human Services Department, Common Community Commission  
Belgium

Flaviana Teodosiu  
DG EMPL - European Commission  
Belgium

World Health Organization
Regional Office for Europe

Natasha Azzopardi Muscat  
Division of Country Health Policies and Systems

Stefania Ilinca  
Division of Country Health Policies and Systems (Consultant)

Satish Mishra  
Division of Country Health Policies and Systems

Cathal Morgan  
Division of Country Health Policies and Systems

Alexandru Voloc,  
WHO Country Office, Republic of Moldova

Tomas Zapata  
Division of Country Health Policies and Systems

Interpreters
Georgy Pignastyy  
Andrei Tarlin

Rapporteur
Elisabeth Heseltine
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

<table>
<thead>
<tr>
<th>Albania</th>
<th>Lithuania</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andorra</td>
<td>Luxembourg</td>
</tr>
<tr>
<td>Armenia</td>
<td>Malta</td>
</tr>
<tr>
<td>Austria</td>
<td>Monaco</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Montenegro</td>
</tr>
<tr>
<td>Belarus</td>
<td>Netherlands</td>
</tr>
<tr>
<td>Belgium</td>
<td>North Macedonia</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>Norway</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Poland</td>
</tr>
<tr>
<td>Croatia</td>
<td>Portugal</td>
</tr>
<tr>
<td>Cyprus</td>
<td>Republic of Moldova</td>
</tr>
<tr>
<td>Czechia</td>
<td>Romania</td>
</tr>
<tr>
<td>Denmark</td>
<td>Russian Federation</td>
</tr>
<tr>
<td>Estonia</td>
<td>San Marino</td>
</tr>
<tr>
<td>Finland</td>
<td>Serbia</td>
</tr>
<tr>
<td>France</td>
<td>Slovakia</td>
</tr>
<tr>
<td>Georgia</td>
<td>Slovenia</td>
</tr>
<tr>
<td>Germany</td>
<td>Spain</td>
</tr>
<tr>
<td>Greece</td>
<td>Sweden</td>
</tr>
<tr>
<td>Hungary</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Iceland</td>
<td>Tajikistan</td>
</tr>
<tr>
<td>Ireland</td>
<td>Türkiye</td>
</tr>
<tr>
<td>Israel</td>
<td>Turkmenistan</td>
</tr>
<tr>
<td>Italy</td>
<td>Ukraine</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>Uzbekistan</td>
</tr>
<tr>
<td>Latvia</td>
<td></td>
</tr>
</tbody>
</table>

World Health Organization
Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

WHO/EURO:2023-7017-46783-68186